

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

EPA ID NO:

CALIFORNIA DEPARTMENT OF TOXIC SUBSTANCES CONTROL

2010 Annual Facility Report

FORM

CO

**CEASED OPERATING AS A
PERMITTED OR
INTERIM STATUS
HAZARDOUS WASTE FACILITY**

Sec. I

Full Permit, Interim Status Facilities, or Standardized Permit Facilities

<p>A. Prior Authorization</p> <p>___ Permit</p> <p>___ Interim Status</p>	<p>B. Date of Permit</p> <p>Month Day Year</p>	<p>C. Date of Interim Status</p> <p>Month Day Year</p>	
<p>D. Current Permit Status</p> <p>___ Ceased Operating</p> <p>___ Converted to lower tier permitting</p> <p>___ Permit Rescinded</p> <p>___ Permit Withdrawn</p>	<p>E. Date Ceased Operating all permitted units</p> <p>Month Day Year</p>	<p>F. Converted all Units to</p> <p>___ Permit by Rule</p> <p>___ Conditionally Authorized</p> <p>___ Conditionally Exempt</p> <p>___ Less than 90 days storage</p> <p>___ Other _____</p>	<p>G. Date all units were converted to tier permitting</p> <p>Month Day Year</p>
<p>H. Date facility notified DTSC of closure</p> <p>Month. Day Year</p>	<p>I. Is facility applying for Post-Closure Permit?</p> <p>___ Yes</p> <p>___ No</p>	<p>J. Date of facility Closure Certification / Verification</p> <p>Month Day Year</p>	

Comments: List any other closure activity below

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**CALIFORNIA DEPARTMENT
OF TOXIC SUBSTANCES
CONTROL**

2010 Annual Facility Report

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CC

**CLOSURE & POST-CLOSURE
COST ESTIMATE AND
ENVIRONMENTAL
MONITORING DATA**

**Sec. I CLOSURE AND POST-
CLOSURE COST ESTIMATES**

Full Permit, Interim Status Facilities, or Standardized Permit Facilities

A. Type of Estimate

☐ Closure Cost

☐ Post-Closure Cost

B. Total Cost Estimate

C. Type and capacity of units (Please check type and unit of measurement)

☐ Storage

Gallons Tons

☐ Treatment

Gallons Tons per month

☐ Disposal

Gallons Tons per month

☐ Incineration

Gallons Tons per month

☐ Open Burn/Detonation

Gallons Tons per month

☐ Other

Gallons Tons per month

Specify Other

**Sec. II ENVIRONMENTAL
MONITORING DATA**

Please do not submit monthly data. Describe the type and form of monitoring data that is maintained on-site for inspection.

Comments: